

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF MICHAEL L JONES		COURT CASE NUMBER 07-791-GMS	
DEFENDANT Attorney General of the state of Delaware		TYPE OF PROCESS CIVIL ACTION	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Attorney General of the state of Delaware		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 N. French street, Wilmington, Delaware, 19801		
AT			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	N/A
MICHAEL L JONES 1181 Paddock Rd D.C.C Smyrna Del 19977		Number of parties to be served in this case	3
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Attorney General of the state of Delaware can be reached anytime
820 N. French street Mon-Fri 9am-5pm
Wilmington Delaware
19801

Signature of Attorney or other Originator requesting service on behalf of: Michael L Jones	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BF	Date 5-27-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Jen Oliva DAG	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 5/27/08	Time 3:05 pm
	Signature of U.S. Marshal or Deputy BF	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

2008 MAY 28 AM 8:28

OFFICE OF THE U.S. MARSHAL
DEPARTMENT OF JUSTICE
BF